

APPLICATION / PERMIT FOR USE  
OF THE MILTON TOWN HALL

Name \_\_\_\_\_

First MI Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone( ) \_\_\_\_\_

DL # \_\_\_\_\_

DATE REQUESTED \_\_\_\_\_

TIME REQUESTED \_\_\_\_\_ TO \_\_\_\_\_

PURPOSE OF  
REQUEST \_\_\_\_\_

\_\_\_\_\_

EXPECTED NUMBER OF  
GUESTS \_\_\_\_\_

**SECURITY DEPOSIT MUST BE PAID  
PRIOR TO APPROVAL OF  
APPLICATION ( )**

**CERTIFICATE OF LIABILITY  
INSURANCE IS REQUIRED ( )**

APPLICATION APPROVAL Y N

**Reason for  
Denial** \_\_\_\_\_

**REGULATIONS**

**Smoking is not allowed in the building  
(WI Statue 101.123)**

The entire building must be vacated by  
**1:00AM.**

Only decorations that do not damage the  
premises are allowed. There are ceiling  
hooks provided.

**RENTER**

**RESPONSIBILITES  
ALL OF THE BELOW**

Facility services and items used must be  
cleaned and properly returned.

FLOORS ( ) TABLES ( )

CHAIRS ( ) BATHROOMS ( )

REFRIGERATOR WASHED CLEAN  
INSIDE and OUT ( )

WATER FAWCETS SHUT OFF ( )

ALL GARBAGE MUST BE TAKEN OUT  
AND PUT IN DUMPSTER-REAR OF  
BUILDING ( )

HEAT/AIR TURNED OFF ( )

KEY RETURNED ( )

DOORS LOCKED ( )

**FEEES**

Security Deposit Sm Group	\$75.00
Security Deposit Lg Group	\$200.00
Rental Sm Group	\$100.00
Rental Lg Group	\$400.00

**NO REFUND IF CANCELLING LESS  
THAN 30 DAYS OF RENTAL DATE.**

**For any damaged or missing items or  
items not taken care of on the prior  
checklist of this agreement, will result in a  
fee being deducted from your security  
deposit. For missing items you will be  
charged the full replacement value of that  
item.**

DURING THE USE OF THIS BUILDING WE  
REQUEST THAT THE DOORS NOT BE  
PROPPED OPEN DUE TO INSECTS  
ENTERING THE BUILDNG. THIS IS A  
MUNICIPAL BUILDING AND THERE ARE  
DAY TO DAY OPERATIONS THAT HAVE  
TO CONTEND WITH THE INSECTS THAT  
ARE ALLOWED IN DUE TO THE DOORS  
BEING PROPPED OPEN DURING THE USE  
OF THIS BUILDING.

**The lessee is responsible for the damages  
accrued beyond the security deposit  
amount.**

THIS AGREEMENT ENTERED INTO  
ON: \_\_\_\_\_ 20 \_\_\_\_\_

Lessee Signature

\_\_\_\_\_

**BELOW FOR OFFICIAL USE ONLY**

Fee

Paid/Date/Amount \_\_\_\_\_

Receipt Number \_\_\_\_\_

Key Number Given \_\_\_\_\_

Key Returned \_\_\_\_\_